

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51				
2		/					52				
3		/					53				
4	X						54				
5	X						55				
6	X						56				
7		/					57				
8		/					58				
9	/	/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16	/	/					66				
17		/					67				
18		/					68				
19		/					69				
20	X						70				
21	X						71				
22	/						72				
23	/						73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	17						TOTAL DEP.				
TOTAL CLAIMS	22						TOTAL CLAIMS				